DOCUMENT RESUME

ED 081 722 SP 006 817

TITLE	Guidelines to Clinical Experiences in Teacher Education. Position Paper 3.
INSTITUTION	Association of Teacher Educators, Washington, D.C.
PUB DATE	73
NOTE	54p.
AVAILABLE FROM	Association of Teacher Educators, 1201 Sixteenth Street, N.W., Washington, D.C. 20036 ($2.25)
EDRS PRICE	MF-$0.65 HC Not Available from EDRS.
DESCRIPTORS	*Clinical Experience; College School Cooperation; Educational Technology; Field Experience Programs; *Guidelines; *Laboratory Training; Practicums; *Teacher Education

ABSTRACT

This document, a collection of guidelines for clinical experience in teacher education, is divided into eight sections with two appendixes. These sections are as follows: Frame of Reference; Aims of Clinical Experiences, which stresses that the experiences should be complementary to the humanistic, behavioral, and pedagogical studies for becoming a teacher; Guidelines to Excellence with Focusing Questions (in outline form); Clinical Experiences: Descriptions and Characteristics, which includes a discussion of practicum and laboratory experiences, individualization of programs, performance-based programs, and the relationships of program elements; Supervisory Positions and Qualifications; Cooperative Control and Decision Making, which centers on the cooperation of colleges, schools, and related organizations; and Analysis and Assessment. The two appendixes are Supportive Technology and Materials in Clinical Experience Programs, and Guidelines for Specialization in Teacher Education. (JA)

ED 081722

SEP 5 1973

GUIDELINES TO CLINICAL EXPERIENCES IN TEACHER EDUCATION

Position Paper 3—Association of Teacher Educators

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Production and distribution, Melvin C. Buller and Oreta O. Norris, Professional Assistant, ATE. Technical editing, Geraldine Pershing, NEA.

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PREFACE

Guidelines to Clinical Experiences in Teacher Education, Revised Edition, (originally entitled *A Guide to Professional Excellence in Clinical Experiences in Teacher Education)* was adopted as an official position paper of the Association of Teacher Educators* by its Delegate Assembly, February 20, 1973.

In February, 1970, the Executive Committee of the Association for Student Teaching presented for study *A Guide to Professional Excellence in Clinical Experiences in Teacher Education.* The Executive Committee in presenting the *Guide* directed that a copy be sent to each member of the Association at that time and that the *Guide* be submitted to the Delegate Assembly for action at the Annual Meeting in 1973.

The *Guide to Professional Excellence* represented two years of work and seven successive revisions of format and content. Reactions and commentary of consultants and reactors and suggestions from participants to the 1969 National Conference were carefully reviewed. The Editing Committee submitted the final draft knowing that the *Guide* extended and amplified the basic recommendations of the new standards of the National Council for Accreditation of Teacher Education (NCATE). It was first, a guide to excellence of the Association for Student Teaching and second, a tool for use in the accreditation process. The *Guide* was closely related to but not limited by the NCATE Standards.

The *Guide to Professional Excellence* has had significant influence on setting criteria for clinical experiences in institutions involved in the self-study program under the NCATE standards. While the *Guide* was being formulated, the Editing Committee was in regular communication with the NCATE staff and the committee developing the new standards. The guidelines were developed in coordination with the effort of the Associated Organizations for Teacher Education to establish a series of guidelines to be used by institutions involved in teacher education.

From 1970 to 1973 the *Guide* was reviewed and used by individuals, study groups, state and local ATE units, college and university classes, and by institutions preparing for NCATE evaluation. Suggestions and recommendations were solicited by the Editing Committee. In 1973 the Delegate Assembly of the Association of Teacher Educators officially

approved the recommendation that the *Guidelines* with minor editorial changes and revisions become the official position statement of ATE, *Guidelines to Clinical Experiences in Teacher Education.*

ATE acknowledges with appreciation the role of the Editing Committee; Richard E. Collier, Dorothy M. McGeoch, Hans C. Olsen and E. Brooks Smith, Chairman, who also directed the revisions and editorial changes. The Association acknowledges the contributions of many members who offered suggestions to the Committee.

Melvin C. Buller,
Executive Secretary, ATE

* In September 1970 the Association for Student Teaching officially became the Association of Teacher Educators.

I. FRAME OF REFERENCE

Guidelines for clinical experiences in teacher education may be considered as statements of possibilities for excellence by which institutions, organizations, and agencies educating teachers may meet the demands of modern teaching. Although these guidelines have been prepared specifically to assist in the development and refinement of teacher education programs, they may also be used as points of reference by colleges and affiliated schools in the self-study phase of the accrediting process under the new NCATE Standards and Evaluative Criteria, Sections 1.3 and 1.4.

The guidelines are to be considered only in relation to the needs in particular institutional settings and may serve as directional goals in program planning. Although general in nature, they suggest possible means for implementing these conceptions. Such guidelines must always be tentative and open to revision at regular intervals. They must not become crystallized into custom; rather, they should be stepping-stones to newer and better approaches in light of future knowledge about teaching.

The clinical study of teaching is a continuous exploration and examination of educational possibilities in particular settings and under varying conditions. It is not a static exercise in demonstration of established ways. It is instead a constant quest for productive curricular plans and imaginative teaching strategies through studied experimentation, coordinated analytical assessment, and the consideration of alternative approaches. If a clinical study of teaching responsibilities and tasks is to be realistic, the activities which are planned to provide the action and communication data of instructional episodes need to be experienced in experimental settings, either in a typical school community where experimentation is possible or in a laboratory for the simulation of educational situations. If this study of teaching is also to include an analysis of the data from teaching episodes, then the college and school personnel conducting instruction in teaching need to use a clinical approach that is dependent first upon a development of performance expectancies, then upon a diagnosis of the teaching situation, and finally upon a consideration of alternative courses of action and communication and their probable effects upon the climate and situation of learning. All direct and simulated activities in both the laboratory and the practicum phases of a modern program of teacher education are in this view clinical experiences.

The establishment of realistic and simulated experimental settings and the planning of coordinated clinical sessions that examine teaching episodes

in terms of educational theory can be arranged only through regularized collaboration where both the institution of higher education and the school, with appropriate related organizations and agencies, are jointly responsible and accountable for the education of teachers. In cooperative teacher education programs, all collaborating institutions, organizations, and agencies can bring their total resources to bear upon educational problems as they join together in the mutually beneficial task of the continuing education of teachers. Curriculum development and instructional experimentation must be the matrix in which teacher education takes place if each new generation of teachers is to be innovative in its time. The scholarly study and practice of teaching by definition has to be an open-ended process of continuing discovery for everyone involved in the education of a teacher.

II. AIMS OF CLINICAL EXPERIENCES

Clinical experiences, whether they be direct or simulated, need to be complementary to the humanistic, behavioral, and pedagogical studies for becoming a teacher. They are used for illustration, demonstration, or enactment of the responsibilities and tasks of a teacher as each education student develops his concepts of the role of the teacher. The aims of a program of clinical experiences are rooted in concepts of professional competence and descriptions of the tasks of effective teaching.

The imperative in teacher education is to educate teachers of high professional competence. Competence operationally defined is performance, a performance which can be observed, analyzed, commented on and, in some manner, measured. It rests on a foundation of:

Intellectual curiosity. The competent teacher continually seeks wisdom through an extension of his knowledge and reflection on its meaning. He develops in students this same intellectual spark, this same ability to wonder.

Reasoned judgment and action based on creative and reflective thinking. The competent teacher has a command of the tools of communication and logical thinking, and the ability to draw appropriately upon data in the various areas of human learning (the natural sciences, social sciences, and humanities) with special competencies in one area. He seeks to develop in his students these same characteristics of thinking and action.

Attitudes of human acceptance and aesthetic sensitivity. The competent teacher embraces certain values and has at least a partially formed and examined philosophy of life around which he organizes his personal and professional activities. He helps his students develop value patterns, attitudes, and ideals necessary for a rich personal and professional life.

Understanding of the fundamental concepts, principles, and ways of thought of the profession. The competent teacher is a master of the principles of learning and teaching. He is creative in the translation of ideas and ideals into action in the education of others.[1]

[1] Adapted from: Junge, Charlotte W. "Resources, Human and Material: Essentials of a Good Program." *The Outlook in Student Teaching.* Forty-first Yearbook. Washington, D.C.: Association for Student Teaching, 1962. Ch. IV, Sect. 3, pp. 146-55.

Teaching competence requires knowledge of man and his ways, reflection upon the meaning and implication of that knowledge, and action upon considered and informed judgment for the betterment of man's lot. The achievement of this competence rests on the development of an effective liberal-professional education supported and complemented by a program of professional clinical experiences that enable students to relate educational concepts to professional action.

Instruction in a clinically oriented program aims at fostering competencies in the following responsibilities and tasks of teaching: *

Meeting students on a professional basis and assessing their learning capacities and needs.

Designating for individual students and particular groups of students, educational goals and objectives that are commensurate with both societal requirements and student capabilities.

Organizing up-to-date facts, concepts, and generalizations from appropriate subject areas for teaching in terms of their inherent logic and their psychological relationships to students' backgrounds, capabilities, and experiences.

Constructing imaginatively those teaching strategies which by the application of professional judgment are likely to have the most effect in producing learning as economically as possible.

Selecting appropriate media that will enhance learning possibilities.

Analyzing and criticizing the results of teacher-pupil interaction following planned teaching ventures by using one or several appropriate observation instruments and content analysis techniques.

Assessing pupil learning by means appropriate to learner styles and curricular goals.

Working cooperatively with professional colleagues in an open-ended approach to curriculum development and instructional innovation.

Conferring with parents in a professional setting for the communicating of events, concerns, and professional judgments about pupil progress as well as for the soliciting of assistance in the full educational development of pupils.

Developing awareness of one's operational effectiveness as a teacher and especially of his emotional response to his pupils as learners and as individual persons in complex and changing cultural settings.

These responsibilities and tasks can be understood only in relation to the gaining of viable concepts about:

* Specific competency objectives and indicators of quality in performance and teaching analysis situations should be developed by supervising teams in particular settings.

The school as a community institution within a context of state, national, and world organizational interrelationships.

The classroom as a setting for learning, with its arranged environment and guided interaction system.

The intellectual potential of students as thinkers and searchers.

The power of experience examined in the light of present-day disciplined knowledge.

The role of motivation in the emotional and social life of persons in community settings.

The teacher as an agent for fostering learning within the matrix of individual social, language, emotional, and physical development.

At any one moment the teaching act is a complex and multifaceted happening involving the performance of many tasks as the teacher considers all aspects of a learning situation: the age and various developmental levels of his students, the physical environment, the social setting, and the emotional climate of the classroom. Teaching is a goal-directed behavior; therefore, the teacher either has goals or tasks to be accomplished in his mind prior to a teaching episode or, if a learning possibility emerges, will immediately formulate them.

In the *preactive stage* of teaching, the teacher will not only propose objectives, often thinking of them in terms of expected behavioral outcomes, but he will also speculate on possible instructional strategies for accomplishing his goals in light of the general characteristics of his students and the structure of the disciplines of study upon which he intends to draw.

In the *interactive stage* of teaching the teacher is a decision-maker as he responds to the factors in the learning situation. As he makes decisions, he processes quickly such data as pupil characteristics of the moment and instructional means presently available in the classroom environment. Then he moves with involving tactics to draw and hold his pupils' attention to the task at hand as they engage in their own learning approaches and strategies.

Following each teaching-learning episode there is a *postactive* stage of teaching which invoives assessment and planning for next steps. The teacher in the middle of the active stage may take readings from the responses of his students in the form of feedback and alter his tactics immediately. He may also gather data of a more formal nature to consider after teaching and to use in planning the next episode or follow-up.

As the student performs all these acts of teaching he is assuming the role of teacher which can be learned through education and training. The many facets of the teaching role can be explored, played, simulated, examined, attempted, and finally assumed. Thus, personalized role conceptions become confirmed and incorporated into an individual teaching style, which is the chief aim of clinical teacher education.

III. GUIDELINES TO EXCELLENCE WITH FOCUSING QUESTIONS

I. *Clinical experiences in teacher education consist of laboratory experiences and a practicum including associate, intern, and pretenure teaching.*

A. What facilities, equipment, and supplies are available for demonstration, observation, situational analysis, and simulated experience (e.g., teacher education laboratory, video and audio recording equipment, simulation packages, films, protocol materials)?

B. What field placements in schools of various types and locations and in representative community agencies are available to teacher education students?

C. What provisions have been made for internship or continuing education for beginning teachers?

II. *Specific opportunities are provided for analytical study of teaching and for critical examination of the roles of the teacher and the functions of the schools in a variety of settings.*

A. What provisions are made for examining teaching behavior in terms of concepts of verbal and nonverbal analysis?

B. What efforts are made to provide opportunities for students to examine schools in rural, suburban, urban, and ghetto settings?

C. What means are used to promote critical analysis of the roles of the teacher in schools serving varied functions?

III. *Advanced clinical experiences, cooperatively developed and maintained by schools, colleges, professional organizations, and the state education department, provide for differentiated career opportunities.*

A. How do postbaccalaureate professional education programs recognize the differentiated career goals of beginning teachers (e.g., team teacher, team leader, teacher of the disadvantaged, sponsoring teacher, coordinating teacher, specialist in a subject matter field, teacher in an experimental school or a teacher education center)?

B. How are beginning teachers helped to identify and prepare for appropriate career positions in education?

IV. *Clinical experiences are functionally and structurally an integral part of all aspects of the professional studies component of the teacher education program.*

A. What provisions are made for laboratory experiences which demonstrate and extend understandings of teaching and learning theory?

B. How are direct experiences which are related to the development of teaching skills during practicum and internship planned and coordinated?

C. What arrangements insure that all students in teacher education programs have an opportunity to participate in varied and appropriate clinical experiences?

V. *Clinical experiences include direct and simulated activities designed to provide maximum flexibility and individualization in selection and scheduling.*

A. What means are used to determine the particular experiences most appropriate for a given student at any point in time?

B. How extensive and varied are the available options for individualization of student experience?

C. What evidence is available to show that the activities of individual students vary significantly in type, extent, and duration of involvement?

VI. *Clinical experiences in the college class, the teacher education laboratory, and the affiliated schools and community agencies are guided by carefully selected and fully qualified college, school, and/or community personnel.*

A. By what criteria are sponsoring teachers, clinical professors, agency supervisors, and other members of the supervisory team chosen?

B. Is there evidence that participation in the guidance of education students is willingly accepted by those involved?

C. What provisions exist for the preparation and continuing education of supervisory personnel?

D. To what extent are part-time or short-term assignments to supervisory teams made by schools and colleges?

VII. *The responsibilities of the members of the supervisory team are clearly defined with respect to (a) the individualized teaching of education students; (b) the time allotted to carry out those responsibilities; and (c) the compensation, benefits, and privileges which may be expected.*

A. What evidence is there that each member of the supervisory team—sponsoring teacher, clinical professor, agency supervisor, etc.—has a clearly defined position and understands what is expected of him?

B. How is the total load of each member of the team adjusted to include the amount and distribution of time needed to discharge his defined responsibilities?

C. How is service as a member of a supervisory team recognized and rewarded? Are the rewards commensurate with similar service in other areas (e.g., publication, research, committee work)?

VIII. *Representatives from colleges and schools and from related professional organizations, community agencies, and the state education department are involved, on a partnership basis, in planning, executing, and evaluating programs of clinical experiences.*

A. What structure has been developed for making policy decisions concerning clinical experiences?

B. What provisions insure that all representatives participate as partners in developing policy?

C. Is there evidence of domination or undue exercise of power by any of the institutions represented?

IX. *Locally appropriate interinstitutional structures (school-college-community) are established for implementation of cooperatively developed programs of clinical experiences.*

A. What structures have been developed for implementing cooperatively made decisions?

B. What evidence is there that such structures are carrying out the functions assigned to them?

C. How and by whom is the effectiveness of the interinstitutional structures evaluated?

X. *Students are involved in decision making for the clinical experience program.*

A. What provisions are made for students' participation in program planning?

B. In what ways are students helped to assume responsibility for the selection and programming of experiences which meet specific needs?

C. How are students involved in the analysis and assessment of their own learning?

XI. *The organization and administration of the program of clinical experiences promote the efficient implementation of all program elements.*

A. Is there a clear definition of administrative responsibility for implementing all aspects of the program?

B. How reasonable are the defined responsibilities of the administrative staff in terms of the number and competence of the available personnel?

C. How adequate is the technical and clerical support of the program?

D. What evidence is there that administrative considerations significantly limit the stated aims and procedures of the program?

XII. *Means of regular objective assessment and ongoing evaluation of the process and product of clinical experiences are developed and tested.*

A. What means are regularly used to assess the effectiveness of the clinical experience program in helping the student to learn, apply, test, and reconstruct educational theory?

B. What means are used to evaluate the performance of the members of the supervisory team in the program of clinical experiences?

C. What have the results of the evaluation of its graduates revealed about the program of clinical experiences?

D. What changes, if any, have been made as a result of the assessment and evaluation procedures used?

IV. CLINICAL EXPERIENCES: DESCRIPTION AND CHARACTERISTICS

Programs of teacher preparation typically include general education, a teaching specialty, and professional education. The professional education component is further divided into three major types of activities. The accumulated knowledge and theoretical foundations of education as a field of study are made available through oral presentation, print, and other media. Clinical experiences provide opportunities for interpreting and applying principles and for developing teaching skills. The integration of experience and the development of individual attitudes and convictions are fostered through individualized teaching and guided group discussion.

The focus of the guidelines presented here is the program of clinical experiences, but to the extent that the desired goal of designing the teacher education program as a closely integrated whole makes a concern for other types of activities necessary, they will be considered. The characteristic elements of a program of clinical experiences are outlined in this section and the functions of the various activities are described. Attention is also given to the integration of all aspects of the teacher education program and to the provisions for individualization and flexibility.

FUNCTIONS AND RELATED ACTIVITIES

Clinical experiences in teacher education serve three major functions: they illustrate and demonstrate principals of practice; they involve the application and testing of teaching and learning theory; and they provide opportunities for developing competency in the full range of teacher tasks.

These functions are closely related. A single activity may serve more than one purpose. It is useful, however, to consider the variety of provisions which need to be made for clinical experiences within the total program.

Laboratory Experiences

The study of teaching and learning theory requires laboratory experiences which will enable the student to broaden and deepen his understanding of principles and apply them to practical problems of teaching. Audio and video records of classroom activity make available for concentrated

study and repeated use exemplary samples of behaviors which illustrate specific principles.

Situational materials may also serve as a basis for analysis as well as for demonstration of principles. Case studies and organized simulation packages can provide the means for considering and projecting solutions to recurring types of classroom problems. The use of film clips and recordings as well as printed materials adds greatly to the effectiveness of the presentation of the simulated situations. Role playing and other reality-testing techniques also serve to give vividness to the study.

A beginning has been made in the development of an approach to teaching and learning theory based on situation analysis. However, the identification, analysis, and classification of situational materials is a task beyond the resources of a single teacher education program. Schools and colleges need to work with federal and state agencies and professional associations in the development and organization of multimedia protocol materials.

Systems for analysis of teaching behavior are now available. Familiarity with some of these systems and practice in using analytical concepts from a number of them promote the development of important insights into elements of teaching practice. When the analytical study of teaching comes early in the professional sequence, it provides opportunities for the student to increase his understanding and refine his skill in using tools of analysis as he assumes increasingly responsible roles in instruction.

Beginning experiences with children and youth may serve several purposes. Tutoring provides opportunities for solving problems related to diagnosis, motivation, individualization of instruction, and assessment. It also gives the student an opportunity to establish a continuing relationship with one person and thus gain a feeling of accomplishment.

Contacts with small groups of learners in a scaled-down teaching encounter characterized by immediate feedback, analysis, and reteaching are essentially a means of developing specific teaching skills. Work with craft or recreation groups in a community center, however, is more appropriately used to develop flexibility, self-confidence, and sensitivity. Experience as an assisting teacher is useful in clarifying general principles of human development and of the professional environment within which the teacher works.

The availability of a variety of types of experience is important, but the way in which each is used is crucial. Random observation, unsupervised participation, and bandwagon adoption of techniques such as microteaching, systems of analysis, or simulation packages will not serve the necessary functions. The development of a teacher-training facility with extensive technological resources may be impressive but ineffective. If the activities listed here are to serve the desired functions, they must be sharply defined and specifically focused in relation to the total program and the individual student.

Practicum Experiences

The period of professional practice commonly will include several sequential phases which represent increasing professional involvement and responsibility. The first phase provides a closely supervised experience in which the application and extension of teaching skills is a major emphasis. The use of tools of analysis and feedback with increasing development of ability in self-analysis is focal. The experience may occur in a self-contained classroom, in a team-teaching situation, or in other organizational patterns. The student may be assigned to one classroom teacher who serves as a member of a supervisory team with other school and college personnel, or he may become a part of a school staff in which supervisory responsibilities of school and college personnel are shared in a variety of ways. The seminar experiences and the individualized teaching aspect of the supervisory conference are of great importance at this point in helping the beginning teacher to maintain his growth as a student of teaching.

The second phase of the practicum, or the intern teaching, provides for increased experience in all aspects of the teacher's work, with additional focus on out-of-the-classroom activities (e.g., parent-teacher associations, staff committees, professional organization activities). The intern is assigned full responsibility for a classroom or a number of class groups, or specific team-teaching tasks. He will have a total load somewhat lighter and more flexible than that of the regular teacher, however, and will have available to him continued help and assistance from a supervisor of interns and from college personnel. The seminar activities and the supervisory conference will continue to provide opportunities for the use of tools of analysis and for integration and extension of professional understandings.

The two or more years of pretenure experience which follow intern teaching enable the beginning teacher to continue to develop his own teaching style and to relate his professional concerns in broader ways to historical, philosophical, and sociological studies. As a regularly employed member of a teaching staff in a team or single-teacher situation, he has the opportunity to engage in individual and colleague experimental teaching activities which provide for much self-learning and self-correcting of teaching behavior. A continuing seminar for sharing and evaluating ideas and teaching practices should be a part of the program of professional study. At the end of the pretenure period, official recognition of career status is awarded.

Differentiated Career Opportunities

During the period of initial preparation, the teacher education student engages in clinical experiences which are differentiated in terms of level (early childhood, elementary, and secondary) and in terms of teaching field (common branches, academic disciplines, and special subjects such as art, music, home economics, industrial arts). As he continues in a professional development program during his pretenure years, however, he develops what may be considered a second level of specialization which

generally involves deepening and extending his clinical activities in relation to specific career goals. He may seek additional experience and background to increase his effectiveness in teaching in ghetto schools; he may set out to develop special competencies as a member of a teaching team; or he may concentrate his efforts on acquiring the background and experience required of a subject matter specialist in a middle or secondary school.

After the pretenure period, the teacher's program of professional development may focus on continued study and experimentation in his own teaching position or on preparation for supervisory, administrative, counseling, or other specialized positions in education.

Each one of these specializations requires carefully developed opportunities for a variety of clinical experiences appropriate to the field and to the individual involved. The guidelines for such experiences are generally a part of the specifications for graduate programs in the area of specialization prepared by the appropriate professional organization.

The advanced education of persons for the many different careers in the education of teachers represents one such area of specialization. The general qualifications and educational requirements for such persons are discussed in Section V of this document. However, the point should be stressed that one often teaches the way he is taught. Therefore, advanced programs should include a variety of clinical experiences for personnel being trained for the instructional and supervisory positions in teacher education. They need to participate in clinical experiences such as the following:

Role-playing supervisory conferences, after witnessing simulated teaching episodes which include a variety of teaching problems. Several classroom data-gathering and analysis techniques need to be learned and then used in these analytical supervisory conferences.

Systematically observing classroom settings in different socioeconomic school communities, followed by sensitizing sessions with groups of parents, students, and teachers from the different situations.

Planning teaching episodes and enacting them in school situations different from those in which the advanced education student had previously taught, video-taping the episode, and analyzing the effects of his own teaching from the tapes. Small teams of colleagues might be involved in such clinical experiences.

Leading seminars, teaching curriculum and methods courses, and conferring with associate, intern, and pretenure teachers under the supervision of personnel experienced in the clinical approach to teacher education. Analysis of student-instructor interactions would be used in the same way that they are used with teachers-in-training.

Using appropriate minicourses or other self-instructional modules to acquire or refine specific teaching skills needed for the specialized teacher education position.

BREADTH OF EXPERIENCE

Settings for clinical experiences normally will include a well-equipped teacher education laboratory as well as a variety of field situations. In general, the situation analyses, the simulated problems, and the microteaching will be based in the laboratory. Affiliated schools, professional associations, and community agencies will provide tutoring, group leadership, practicum, and professional orientation experiences. As collaboration among institutions and agencies increases, other types of facilities specifically designed to provide clinical experiences for teachers at all stages of preparation are being developed.

It is, of course, unrealistic to provide, for any one student, experience in all the possible kinds of situations he might meet. It is important, however, that he be exposed to several different situations to gain experience in studying the school and community in order to determine the special adaptations of the teacher's role and the functions of the school in each location. The ability to analyze a school situation and make valid judgments is the goal of the study of a variety of educational settings. With this ability adequately developed, the beginning teacher will be able to adjust more successfully to any situation in which he may subsequently find himself.

INDIVIDUALIZATION OF PROGRAM

Persons associated with clinical experience programs have long given lip service to the importance of considering the student as a person and to the individualization of programs. However, financial and staff limitations, not to mention administrative expediency, have resulted in programs which represent an almost identical series of experiences culminating in a specified number of weeks or hours of student teaching.

Everything that is known about prospective teachers reinforces the conviction that differences in experience, maturity, commitment, and professional competence demand widely different clinical experiences. The emphasis needs to be on the continuing growth of the education student as a person and as a teacher.

From the very beginning of his professional preparation, the student needs opportunities to explore, to develop self-insight and self-acceptance, and to find and be himself. The continuing seminar provides a nonthreatening, supporting situation where expert guidance and group experience promote the gradual formation of the self-confident individual and the fully committed teacher. Individual conferences and personal counseling also are important means of developing individuality and a self-image as an independent professional.

Clinical experiences may be varied by type (e.g., tutoring in a community center *or* working with a small group in a classroom to gain experience in developing reading skills); by degree of involvement (e.g., sponsoring a club group for a semester *or* analyzing leadership techniques of

six club leaders as a means of understanding principles of group leadership); by extent of experience (e.g., associate teaching for one semester in the senior year *or* associate teaching for several weeks at the beginning of the professional sequence and for another month before being accepted for intern teaching), and by purpose (microteaching for gaining skill in questioning or in cuing).

Every student of teaching requires a broad range of clinical experiences, but every student does not require the same experiences in the same sequence and for the same length of time. Of critical importance is the availability of a range of possible activities within each phase of the program and an organizational structure which will enable the individual student to have access to those activities he needs at the time he needs them.

PERFORMANCE-BASED PROGRAMS

A teacher education program based upon clearly stated behavioral objectives and organized in terms of performance modules provides the means for maximum flexibility and individuality. Each module consists of a diagnostic pretest, a unit of instruction through which the desired behavior may be acquired, and a posttest by which performance proficiency is demonstrated. Knowledge of the behavioral objective of each module enables the student to evaluate his own progress as he moves ahead. At the same time it assists him in determining what he needs to do in order to perform as specified. Flexibility may be provided by instructional alternatives or alternate learning routes for each module or set of modules. Options as to the sets of modules to be pursued may also be exercised in terms of the background and experience of the student and the specialty or career goals which he is pursuing.

The emphasis upon individuality is not intended to suggest that each student will have complete control of his own program and be free to make indiscriminate choices of favored activities. It does mean, however, that means are available for providing clinical experiences on an individual basis, for demonstration of proficiency, and for progress determined by evidence of personal growth and professional maturity rather than by completion of a mandated series of assignments.

RELATION OF PROGRAM ELEMENTS

The effectiveness of clinical experiences is largely determined by the extent to which they are an integral part of a comprehensive teacher education program. If the clinical experience is to illustrate an educational principle, the relationship must be clear. If theory is to be tested and applied, the clinical experience must be fashioned to that end. It is not enough that elements of the program are scheduled during the same semester or that course work occurs concurrently with direct and simulated experiences. The program must be planned to clarify relationships and provide

opportunities to consider the implications of varied experiences within the context of the total program.

In most programs, laboratory activities are planned and supervised by the instructor of the professional courses in an integrated or block type of organization. In some, a team of school and college staff members may plan and work together on all aspects of the program of clinical experiences to provide the necessary unity of focus. In programs which are organized in performance modules, the student demonstrates his learning through proficiency in using the content, but relationships among individual modules and sets of modules must be maintained.

The clinical activities engaged in by a student may be related not only to other elements of his program but to each other. Several experiences may serve to illustrate the same principle or demonstrate the meaning of a teaching-learning theory. A single experience, on the other hand, may provide increased insight into several principles or theories. Several types of activities may also be engaged in concurrently for different purposes. It would be quite possible, for instance, for a student to be studying some of the common means of analyzing teaching and also be engaged in microteaching with analytical feedback focused on involving learners in choosing an activity. At the same time, the student might be serving as an assisting teacher in a community center where his particular interest is on techniques of group leadership.

Staffing patterns need to support the scheduling of conferences, group meetings, and seminars to provide opportunities for exploration of integrating experiences. The teacher who becomes and remains a student of teaching must develop habits of analysis, reflection, and generalization during his program of professional preparation. The program must be planned to promote the development of such habits.

CLINICAL TEACHING POSITIONS

During his professional studies, the education student may assume a number of clinical teaching positions as he explores the responsibilities and tasks of teaching. To make these encounters with teaching as realistic as possible, whether in the laboratory or in the field, he may assume several clinical teaching positions. They are not course assignments or requirements for certification, but they are teaching jobs. In the field, they contribute substantially to the education of children and youth.

These beginning or training positions may be explored in sequence, but an education student at work would actually move back and forth among them. For example, the position of assisting teacher will obviously be useful in the early stages of learning to teach. However, that position can also be assumed on a much more sophisticated level following a concentrated period of school teaching. Likewise, an early assumption of the position of associate teacher for a period of time can heighten one's aware-

ness of the particular tasks of teaching that an individual needs to study and accomplish.

Throughout his professional program the student develops an ever more complete conception of teaching responsibilities and tasks. The guided analysis of brief teaching engagements recorded on television tape (microteaching) or of recorded or simulated situations can be related to developing concepts of teaching behavior. If a student is to develop a professional concept of teaching on which to base his beginning practice, he needs to get a view of the whole school in operation in its community setting while at the same time focusing on a planned investigation of the tasks of teaching. He also needs to understand and appreciate the socio-cultural background of his pupils.

He studies the ecology of the school—the environment in which the teacher works and the interrelationships among people with assigned tasks in accomplishing the educative process. He analyzes the behavior of the teacher and the effects of his behavior upon the climate and direction of learning in the classroom. He studies educational psychology as he observes and interprets the responses of children and youth to school and out-of-school situations. He views the total school community as a social system with the goal of educating the young. Some means of understanding the teacher's position in a school community are guided observation of models and self-examined participation and teaching.

Assisting Teacher

An assisting teacher performs legitimate services in the school or community organization of which he is a part. He participates in the planning and scheduling of his assisting activities and thus brings meaning to his work. He extends his experience with the various functions of teaching by supplementing microteaching experience with classroom practice in large and small groups. Such teaching activities as reading or telling a story to children, setting up an experiment to demonstrate a scientific principle, assisting with a craft group, discussing current events, or explaining or monitoring a new game are appropriate.

The assisting teacher position may be assumed concurrently with the participator-observer-analyzer activity. Each position supplements and strengthens the other as students of teaching perform useful services in schools and community agencies while gaining valuable opportunities to observe and analyze the teaching behavior of others as well as critiquing their own functioning.

Associate Teacher

In this position the education student shares with a clinical teacher the instructional responsibilities of a classroom or, in a team-teaching situation, the group of pupils for which the team is responsible. This assignment might also be in a cooperative teaching program involving two or more

associate teachers operating under the direction of a building team of experienced teachers. The associate teacher becomes involved with his sponsoring teachers in the educational responsibility and accountability for a group of students over an extended period of time. He works with his colleagues, with the parents, and with the administration in the role of a becoming career teacher. He will do what teachers do and clinically examine what he does under the guidance of the sponsoring teacher(s) and with the instruction of the clinical professor from the college.

Intern Teacher

The position of intern in the teacher education program is unique in that it is an official role-assuming position somewhere between the old student teaching experience, which was often only role playing, and the first-year teaching experience, which tends to be lonely and frustrating for many beginning teachers. The intern assumes the major part of the teaching responsibility for a group of children or youth while having the support and guidance of qualified staff members from the college and the school. As an intern, the education student is expected to function as a regular teacher, making decisions regarding curriculum and teaching-learning situations for a group of students. He is free to extend himself and teach as he will in a regular classroom while still having the assistance of his professional supervisors to aid him in examining his teaching behavior and in reflecting on his decisions relevant to the classroom. Several interns may be teamed under a consultant teacher or provided a resource helping teacher to work with them.

Pretenure Teacher

A pretenure teacher has a regular teaching job with full salary. He has the opportunity to work on a continuing basis (two or three years) with a school staff as they meet the educational challenges of a particular school community. The long-term results of success and mistakes can be assessed. Corrections can be made in approaches and style over time. This position should allow for much self-learning and self-correcting through individual and colleague experimental teaching activities. Supervision would be available from the college and the school when needed, but the continuing seminar, with its sharing and evaluating of individual experimental projects in teaching, would provide indirect guidance from the outside. Participation in colleague team evaluations would occur in preparation for tenure appointment and designation as a career teacher.

Graduate and Continuing Teacher Education

The need for clinical experiences in in-service teacher education is as vital as it is for pre-service training but it is less recognized. This is unfortunate since the major part of the pre-service program takes place in

the school setting under the guidance of experienced teachers and if they are not accustomed to using the analytical approach to their teaching it is unlikely that the education student will have very many significant clinical experiences. Educational renewal requires a teacher who is regularly considering fresh theoretical views, up-dated content and innovative instructional strategies as he plans experimentally and assesses the results in impact upon pupil learning. Clinical experiences are essential if the instruction from in-service workshops or graduate courses or self-teaching modules is to be implemented. Teachers can learn through a clinical experience program to assess their work continuously and apply the results toward improving their instruction.

When school-university cooperative arrangements are established on a regular basis, in-service training and graduate career development education can be interrelated with common field-based clinical experiences being developed by a joint staff team.

V. SUPERVISORY POSITIONS AND QUALIFICATIONS

High-quality clinical experiences result from the fusion of the efforts, the knowledge, and the skills of the personnel who guide them. Those who serve in supervisory positions require special qualities, skills, and levels of competence.

Each position imposes its own demands on those who are in it. A clear understanding of the various positions enables supervisory personnel to work together most effectively. The numbers of people involved and the dimensions of their positions are determined to some extent by the needs in each local situation. There are, however, general characteristics of each position that stand out.

Participating Teacher

A participating teacher is one who shares his class or classes, his classroom, and himself with laboratory students. He helps make possible those laboratory experiences that teacher education students have in the school setting.

The participating teacher should be selected because he willingly makes available his class, his instructional materials and facilities, and himself so that laboratory students may gain important clinical experiences.

Sponsoring Teacher

The sponsoring teacher, as a part of his regular teaching assignment, supervises practicum students placed with him for associate teaching experiences. In partnership with other members of the supervisory team, he provides appropriate professional experiences for these students. The sponsoring teacher brings to the team's activities his background of teaching experience; his knowledge of pupils, instructional materials, courses of study, faculty characteristics, and school policies; his ability to work effectively with students; and his willingness and skill in the cooperative supervision of students. As a member of the supervisory team, the sponsoring teacher cooperates in structuring the setting to permit students much independent and responsible teaching. He assists them in defining their teaching skills and developing an analytical approach to their professional actions.

The sponsoring teacher also shares his understanding of, excitement about, and commitment to teaching.

The sponsoring teacher should complete a program of preparation which is planned to help him function effectively in his supervisory position. This preparation should be either a regular university graduate school offering or a program cooperatively developed and supported by the school and college. It may take the form of courses, workshops, seminars, or in-service programs. Among the topics to be studied are:

The purpose, structure, and operation of clinical experience programs.

The teaching process and the various skills associate teachers must develop.

The theory and practice of supervising associate teachers.

The responsibilities of the sponsoring teacher.

This special program should include laboratory experiences designed to develop the supervisory skills of the sponsoring teacher. The sponsoring teacher should be selected from those who successfully complete the special preparation program and should:

Possess certification for his teaching position and teach in his major field of preparation.

Be recommended both by the appropriate persons within his school system and those of the teacher education institution.

Demonstrate ability to work effectively with persons of all levels of professional sophistication, age, and status on a one-to-one basis as well as in groups.

Understand and accept the teamwork necessary for high-quality clinical supervision.

Show that he is a student of teaching by employing an analytical approach to his basic professional responsibility.

Accept willingly the opportunity to serve as a sponsoring teacher.

Coordinating Teacher

The coordinating teacher is a school employee assigned to supervise two or more intern or pretenure teachers. He works in partnership with other members of the supervisory team who are responsible for assisting these intern and pretenure teachers to grow in teaching competence. The work of the supervisory team is enhanced by his knowledge of the educational setting in which the intern and pretenure teachers are placed, his background of teaching and supervisory experience, and his interest in guiding these students. His supervisory activities range from orienting to evaluating, from observing to questioning, from cuing to recording behavior,

from supporting to analyzing, and from listening to telling. When appropriate, he demonstrates specific teaching skills or the use of particular instructional materials and media. At times he may take over a class in order that the intern or pretenure teacher may prepare materials, attend professional meetings, visit other classes, or engage in similar activities. In conjunction with the other members of the supervisory team, the coordinating teacher devises supervisory strategies that will assist the intern or pretenure teachers in developing an analytical approach to improving their own teaching competence. The coordinating teacher should be required to complete successfully a program for the preparation of sponsoring teachers, plus a supervisory internship for prospective coordinating teachers. He also must:

Present evidence of successful experience as a sponsoring teacher.

Accept willingly the opportunity to be a coordinating teacher.

Demonstrate that he is a student of teaching and learning by continuing his professional studies.

Clinical Professor

The clinical professor is a teacher of practicum students and a member of a supervisory team working with these students. Although a college faculty member, much of his work with practicum students takes place in school settings rather than on the college campus. Supervising practicum students is only a part of his job; he often teaches classes and fulfills other obligations at the college in addition to his supervisory responsibilities in the clinical experience program. He shares responsibility for the professional growth of several practicum students. The clinical professor contributes in many ways to the work of supervisory teams of which he is a part. Most important is his injection of a "universal view" that teachers must be prepared to handle the situations in which they find themselves, wherever these may be, rather than attempting to fit into specific classroom settings in certain designated schools. The clinical professor devotes much of his attention to working cooperatively with other members of his supervisory team to design and implement the most appropriate and effective experiences for each practicum student, always including the analysis of teaching. He brings the results of research on teaching and curriculum study to these teams. In collaboration with other team members, he strives to build and maintain a flexible pattern of cooperative procedures that will involve in appropriate ways all school and college personnel who may contribute to the professional growth of practicum students. Since his scholarship is in research and theory-building related to professional activities, he is a force for innovation and research in the schools, for the in-service growth of school and college faculty, and for revision and refinement of the teacher education program.

The clinical professor should be the product of a carefully designed preparation program. This program should be a regular university grad-

uate school offering. In addition to the usual areas of graduate study, the prospective clinical professor needs a program that helps him extend his knowledge of the teaching process; the theory and practice of supervision; the complexities of working with college students; and the purpose, structure, and operation of clinical experiences within the broader context of the total teacher education program. The prospective clinical professor also needs internship opportunities under the direction of competent university supervisory personnel.

The clinical professor should be selected from those who successfully complete this special preparation program. Admission to the program would constitute the first point of selection; completion of the program, the second; and an invitation to join a supervisory team, the third. The criteria for selection listed here may serve as standards for determining admission to programs for prospective clinical professors. They also may be used as guidelines for selecting qualified individuals for the position of clinical professor. In addition, the clinical professor should:

Present evidence of successful teaching experience in the fields and levels he is to supervise.

Employ an analytical approach that marks him a student of teaching and supervision, and objectively examine and assess his own teaching and supervising in order to refine his skills.

Possess a thorough understanding of clinical experiences and wide knowledge of many such programs and practices.

Know, understand, and accept the roles of others in the teacher education program.

Encourage and assist others to develop their own teaching styles.

Accept willingly the opportunity to serve as a clinical professor.

Affiliated School Princi[illegible] Assistant Principal, and Department Chairm[illegible]

In addition to his other duties, the principal or chairman shares responsibility for planning the clinical experiences students have in his building or department. His knowledge of the situation within his building or department, his supervisory skill, and his insight into the special contributions his faculty can make to the professional program as well as the benefits they can derive from it make him an important team member. He participates actively in the placement of students in his building or department, the selection of supervisory personnel from his faculty, the development of the clinical program in his building, the planning of appropriate clinical experiences for each education student assigned to his school, the assessment of the professional growth and level of competence attained by each student, and the feedback of relevent information concerning clinical experiences to his faculty and other school officials.

The principal or chairman should be required to complete successfully the program for the preparation of coordinating teachers and, in addition to those qualifications required of coordinating teachers, should:

Keep informed of recent developments that affect the program in his building or department, and provide appropriate leadership in injecting new knowledge into the curriculum.

Accept willingly the responsibility of having students in his building or department, and encourage staff members to prepare themselves to be clinical and consultant teachers.

Understand, accept, and give enthusiastic support to the teamwork necessary for high-quality supervision of education students.

View the clinical experience program as an extremely effective avenue for promoting the in-service growth of his staff, including himself, and the other supervisory personnel who are members of the team.

Affiliated School Supervisor

The affiliated school supervisor normally works with teachers, principals, and others in improving the educational program of the schools. With this function as his major responsibility, he is in a unique position to contribute to the efforts of supervisory teams in effectively guiding the professional growth of practicum students. He may be a continuing member of these supervisory teams, or he may be invited to join a team at times when his special talents are most needed. His knowledge of system-wide policy, program, and personnel; his experience in working with teachers at all levels of experience and professional competence; his proficiency in handling problem situations; his command of his field of study—all make him a valuable team member. The affiliated school supervisor endeavors to make the practicum experience continuous and relevant for all students.

The affiliated school supervisor should possess the qualifications required of consultant teachers and of affiliated school principals, assistant principals, and department chairmen. In addition, he should:

View direct participation in the clinical experience program as an integral part of his job.

Encourage and assist teachers, department chairmen, assistant principals, and principals with whom he works to prepare for and accept the responsibility of becoming members of supervisory teams.

Hold a concept of professional clinical experiences that includes them as an integral part of an overall program of teacher education that continues throughout the professional career of every teacher.

Recognize the necessity of school-college collaboration for effective teacher education, particularly in providing clinical experiences.

The affiliated school supervisor should be required to complete successfully a program for the preparation of coordinating teachers.

Professor of Curriculum

The professor of curriculum is a specialist in a field of study or a group of interrelated fields. He is a scholar of school curriculum planning, program design, analysis of teaching, research, and evaluation. Only infrequently is he a continuing member of the supervisory team; instead, he joins the team and continues as a member as long as his expertise is needed. In some cases the professor of curriculum works directly with a practicum student in his field or fields; in other situations he joins the team to inject his specialized knowledge or skills into their deliberations.

The professor of curriculum should be selected to work on clinical experience programs for specific purposes and for appropriate periods of time. His field of specialization and the nature of what is needed by education students should determine how and for what length of time he is a member of a supervisory team. In addition, he should:

Accept willingly the opportunity to serve as a member of a supervisory team in the clinical experience program.

Exhibit scholarship by remaining abreast of new developments and performing leadership functions in his field of specialization and in curriculum development.

Understand the clinical approach to preparing teachers, including the use of content analysis of teaching episodes.

Know, understand, and accept his role and the roles of others in the program of clinical experiences.

Director or Coordinator of Clinical Experiences

The director may be a representative of a college, a school system, or a consortium of two or more such institutions and, in some cases, their organizations and agencies. He is responsible for administering the clinical experience program that his college, school, or consortium supports with its human, financial, or physical resources. He is a leader in the selection of supervisory personnel, the development of policy governing the clinical experience program, the integration of clinical experiences with other facets of the institutional or consortium program, the development of organized means for improving the knowledge and skills of those conducting various clinical experiences, and the continual updating of clinical experiences. The director works closely with participating personnel in developing guidelines for administering these programs. He maintains close contact with his counterparts in other institutions and consortia in order to build and maintain the cooperative relationships needed for a high-quality clinical experience program. At times the director may serve as a member of a supervisory team. On such occasions he will work directly with education

students, consult with other supervisory personnel, and assess the experiences provided these students.

The director of the clinical experience program should be selected from among those who complete successfully at least one graduate school course, workshop, or seminar in the administration of clinical experience programs, who possess the qualifications required of clinical professors, and who:

Present evidence of successful supervisory experience in clinical experience programs.

Show special insight into the possibilities and problems of professional clinical experiences.

View the director's position as an opportunity to lead in developing and refining high-quality programs of clinical experiences.

Professor of Teaching Fields

The academic specialist becomes a member of a supervisory team when content analyses of teaching episodes are needed and when practicum students need assistance in developing the logical-substantive aspects of their teaching plans. In some cases, he may be a continuing member of a supervisory team. In addition, the professor of teaching fields should:

Have examined his field of study in relation to teaching and learning in the schools.

Be willing to participate in the work of a supervisory team in a clinical experience program.

State Education Department Representative

The representative of the state education department is an important team member. While he may work directly with practicum students, his major contribution is to provide a statewide view in addition to his own expertise at the policy and coordinating levels of the team's operation. He keeps the state department informed of the developments within the cooperative structure so that adequate support may be allocated to that operation and to teacher education programs generally.

The state department representative should be selected from among those who possess the qualifications required of a clinical professor, including completion of the preparation program. In addition, he should:

Give evidence of successful supervisory experience in clinical experience programs.

Show special insight into the possibilities and problems of clinical experiences.

Know the various approaches to providing clinical experiences that exist in the state.

Display leadership skills in professional activities, and understand and accept the teamwork necessary for high-quality clinical experiences.

Professional Organization Representative

The representative of a professional organization is a team member who brings the viewpoint and the resources of his organization. He contributes significantly to the operation of the clinical experiences program through his work at the policy-making level.

The professional organization representative should have the same qualifications as sponsoring teachers, including completion of the preparation program. He should also:

Know clearly the views and resources of his organization.

Understand and accept the purposes of clinical experiences and the roles of all who participate in them.

Community Agency Representative

The community agency representative provides the appropriate resources of his agency, including himself, for the professional development of prospective teachers in the clinical experience dimension of the teacher education program. He may supervise some aspects of their involvement in the work of his agency. He contributes his knowledge and skills to the cooperative support of laboratory experiences for education students and recognizes the contribution these students will make to the operation of his agency.

The community agency representative should be selected because he is willing to participate in the program and has shown that he can work effectively with college students.

VI. COOPERATIVE CONTROL AND DECISION MAKING

Effective teacher education programs require planned and guided clinical experiences in a variety of educational settings, including teacher education laboratories on college campuses, schools and school-related service operations (e.g., reading clinics, media centers), and nonschool community agencies. Realistic laboratory settings and coordinated clinical experience sessions must be developed through college-school collaboration, with support and cooperation by the state education department, concerned professional organizations, and interested community agencies. These collaborative efforts should result in continuing professional partnerships that appropriately involve personnel from all participating institutions, organizations, and agencies.

It is particularly important that the practicum phase be shaped and controlled by a joint college-school decision-making apparatus that includes related organizations and agencies. Representative personnel from each, with their different but equally important contributions in planning, carrying out, and evaluating the practicum, must work together within the cooperative decision-making structure. College and school representation is indispensable because their personnel bring two quite different, yet related, viewpoints to the practicum setting. As members of a partnership, they are able to bring together in a mutually supportive way the realities of the immediate classroom situation and the basic theoretical, universal foundation of professional study and practice. In addition, the special contributions of representatives of a state education department, professional organizations, and community agencies must be included. Their distinctive viewpoints, knowledge, and skills that derive from the special areas of concern of their organizations and agencies contribute markedly to the joint decision-making structure and operating procedures.

If interested personnel from all participating institutions, organizations, and agencies are intimately involved in making basic decisions, the likelihood of unilateral action by one person or institution is reduced. While swift, sure action may be needed in many instances, it must be taken within clear, cooperatively established policy. Joint coordinating bodies can solve professionally and amicably many problems which, if handled unilaterally would stir up animosities and feelings of exploitation.

Persons at all points in the practicum phase of the clinical experience program need to be members of joint coordinating groups such as teacher education center coordinating committees, teacher education councils, school-college steering committees, and supervisory team committees. This is especially true for sponsoring and coordinating teachers, affiliated school administrators, clinical professors, and practicum students. Taking part in the activities of these joint coordinating bodies helps them know what resources are ready for use in the practicum. Not only do they become acquainted with the personnel, facilities, equipment, materials, programs, and funds available from participating institutions, organizations, and agencies, but they come to know the special contributions to be made by themselves and each of their colleagues in the practicum. They also develop the teamwork to make the most of these resources. The net result is a high-quality program.

Valid programs of clinical experiences, particularly the practicum phase, rest upon the principle of joint responsibility and accountability. The structure and procedures for making decisions affecting these programs must reflect a recognition of both special competence and shared authority. This requires that independent institutions, organizations, and agencies with different traditions, functions, and basic purposes collaborate in working partnerships. The organization, operation, and administration of effective partnerships directly influence the form, quality, and durability of the program of clinical experiences.

STRUCTURE FOR COLLABORATION

The manner in which colleges, schools, and related organizations and agencies join together on a continuing basis is of utmost importance. The structure for developing consolidated policy and procedures may involve representatives from many institutions, organizations, and agencies or include those from just a few. The structure may be centered in one school building or cover an entire state. It may be designed to deal with a wide range of clinical experiences or only one phase of the program. In any case, a viable structure:

Provides for joint planning and decision-making, with school and college as equal partners and with appropriate participation by related organizations and agencies.

Recognizes that schools and colleges, with related organizations and agencies, share responsibilities within the teacher education program and that each has its unique contributions to make to the partnership.

Delineates responsibilities among school, college, related agencies, and organizations.

Defines the responsibilities of each individual in the partnership pattern.

Supplies means for injecting new ideas, experimental procedures, and revised relationships.

Furnishes means for regular and objective evaluation of the partnership structure, procedures, and administration.

Provides for continuity so the structure can survive change in individual personnel and can stand up to crisis.

Includes within the communication system all institutions, organizations, agencies, and individuals in the partnership structure.

Holds bureaucracy to a minimum by placing decision-making and administrative functions at the most immediate local level insofar as possible.

Provides for handling partnership affairs promptly, efficiently, economically, and fairly.

Determines the appropriate share of financial support to be provided by each institution, organization, and agency involved.

Establishes commitments of institutional resources—personnel, facilities, materials, etc.—to the partnership.

PROCEDURES FOR OPERATION

Whatever the particular form of the partnership structure, patterns of efficient and effective operation must be established. These patterns should include:

Committee systems for involving all interested college and school personnel, with appropriate persons from professional organizations, state education departments, and community agencies, in the development and assessment of the partnership program.

Communication channels that promote a continuing dialogue among personnel from school, college, state department of education, professional organizations, and community agencies.

Methods for jointly selecting the setting for specific clinical experiences and determining which personnel should be involved.

Ways for bringing supervisory personnel, education students, analysis techniques, and other resources together in an appropriate clinical setting at an educationally efficient time.

Means for ongoing objective assessment and evaluation of clinical experiences, including follow-up of students.

Arrangements for a regular review of policy and program by representative school, college, state department of education, professional organization, and community agency personnel.

Means of assigning specific supervisory tasks to members of the supervisory team in accord with their special skills, knowledge, and experience.

ADMINISTRATION OF PROGRAM

Sound programs of clinical experiences demand a great deal of coordination. Partnership structures and procedures are vitiated without responsible administrative personnel to carry forward plans and programs developed through collaborative efforts. Two basic requirements for efficient administration are:

1. Adequate centralization of college authority and responsibility for clinical experiences in an office for coordination of such programs, including provision for accomplishing the following major functions:

   administration of the program, including communications, records, student materials, and public relations;

   leadership in the development and improvement of off-campus clinical experiences;

   selection, orientation, support, and professional development of personnel involved in the clinical experience program;

   maintenance of professional relations with local, area, regional, state, and national organizations in the field of teacher education;

   provisions of needed media, facilities, and other resources; and

   evaluation and research for the improvement of the program.

2. Centralization of authority and responsibility for directing and coordinating teacher education services within a school or school system in a person, office, or agency, with key personnel given adequate time and support to carry the volume of work involved and provide genuine professional leadership.

Effective administration of clinical experience programs requires:

Development of contracts which:

recognize the partnership of schools and colleges, with appropriate related organizations and agencies, in the clinical experience program;

spell out the rights and privileges of each party and bases for normal operation;

provide practical methods for review and modification as conditions and needs change; and

either specify clearly the compensation, benefits, and privileges to be exchanged, or set up the machinery for determining these matters in a professional manner.

Determination of supervisory loads in relation to the rationale for and description of clinical supervision, the purpose and nature of supervisory visits, and the other professional activities expected of the supervisor. Other factors to be considered are the geographic clustering of the education students; the number of supervisory visits, analysis sessions, and conferences which can be accomplished in one full day; the competence of the supervisory team members to carry out their responsibilities; and the total number of days available for supervision during the term.

Specification of supervisory loads for participating, sponsoring, and coordinating teachers which follow cooperatively planned criteria for assigning education students on a professional basis.

Coordination of the scheduling and assigning of education students which prevents competition between programs or program elements through the cooperative efforts of policy-making bodies such as teacher education center coordinating committees, teacher education councils, school-college steering committees, and supervisory team committees. Selection of appropriate facilities for clinical experiences which consider the need for:

adequate office space;

up-to-date instructional media such as wireless observation, video taping, computer-assisted study, and information retrieval systems;

appropriate study areas, seminar rooms, and "live" classrooms for education students;

adequate storage for records of teaching performance; and

necessary secretarial services.

Adequate and continuing support for a quality program of clinical experiences which may be secured through one or more of the following ways:

direct appropriation by state legislatures;

federal funding in the form of direct aid to clinical experiences, demonstration-research grants, special grants for particular phases of a program, or general, nonspecified aid to teacher education;

the combining of resources of schools and colleges for clinical experience programs and assistance from local governmental units (counties or cities) which sponsor demonstration programs

in public schools and in colleges both as a public service and as a means of recruiting teachers; and

additional tuition and fees from education students.

Management by a team of administrative personnel who are organized and competent to handle the complexities of the partnership operation.

STUDENT INVOLVEMENT

Student involvement in the planning, guiding, and evaluating of their own clinical experiences fits the new approach to teacher education. The emphasis upon developing students of teaching through analysis of teaching behavior encourages the participation of students in making the decisions that affect their own clinical experiences. This type of student involvement embodies those conditions that teacher educators over many years have proposed as necessary for bringing about internal motivation and behavioral commitments.

Clinical experience programs provide unique opportunities for students to be involved in the designing and assessing of laboratory and practicum experiences that fit their individual professional needs and interests. If the program of clinical experiences is to be relevant and meaningful for each student, it must be individualized. This requires that it be flexible, with the availability of large numbers of choices and room for innovation and adaptation.

Students, individually or in teams, usually will have opportunities to make significant decisions regarding choices open to them. These may range from deciding which of several sequences of experience to embark on next to determining that, after certain planned modifications, another run-through of a lesson in a microteaching setting is appropriate. In most cases, however, appropriate supervisory personnel will be available to contribute their expertise as needed and desired by the students. It is clear that, if the program goals are to be achieved, all students cannot be put through clinical experiences that are exactly the same. Indeed, student participation in making basic decisions that individualize the program is crucial.

The difference between student involvement and student control should be noted. Professional personnel from colleges, schools, and supporting organizations and agencies must collaborate in shaping and offering professionally sound programs of clinical experiences. Student control of a professional program is not appropriate, *but* the involvement of students as fully participating members of decision-making teams is indispensable. Guidance of clinical experiences should not be something done *to* students; rather, it should be done *with* them.

VII. ANALYSIS AND ASSESSMENT

Evaluation of the total program of clinical experiences is conducted on four levels: the performance of the beginning teacher as an individual, the behavior of teams and groups of graduates, the effect of the graduates on the school programs in which they serve, and the impact of students on their own program of teacher education.

The following analysis is presented as an example of some of the categories and questions which must be considered in developing a program of evaluation in the four areas:

I. Individual Teacher Performance
   A. Instructional competencies
      1. Affective teaching behaviors
         a. Does the teacher's verbal and nonverbal behavior indicate that he is controlling the supportive or nonsupportive responses from his pupils?
         b. Does he demonstrate control in verbal or nonverbal behaviors which utilize or reject what his pupils say?
         c. Does the teacher use verbal and nonverbal behavior to move pupils to more sensitive handling of problems?
         d. Does the teacher avoid sarcastic and hostile responses?
         e. Is there evidence that the teacher, in managing the classroom, communicates appropriate desist messages to his pupils without delay?
         f. Can the teacher distinguish major misconduct from minor deviancy?
         g. Do his verbal and nonverbal behaviors reflect consciousness of and respect for neighborhood and familial differences among his pupils that may include divergent social, religious, and cultural values?
      2. Cognitive teaching behaviors
         a. Can the teacher use verbal behavior to focus attention on topics and issues which evoke interactions between pupils and teacher?
         b. Does the teacher formulate questions to evoke pupil responses consistent with the instructional goal?

c. Does he control and vary reactions to pupil responses?
d. Can he respond in relation to his goals and to pupils' needs when a pupil initiates alternative directions and ideas?
e. Can the teacher control discussion until a sufficient assimilation of information warrants changing to a higher cognitive level?
f. Can he ask questions which require higher levels of thinking than recall or descriptive type statements?
g. Does the teacher's verbal behavior indicate clear thinking or ambiguous thinking?

3. General teaching behaviors
   a. Can the teacher define instructional objectives in terms of pupil behavior and needs, or in terms of cognitive and affective gains, and indicate ways of realizing these objectives?
   b. Can he assess pupils' levels of development in specific curricular areas (using formal and informal measures), derive instructional objectives from such assessment, make judgments regarding the level of pupil development?
   c. Does he use appropriate methods to implement instructional objectives and relevant activities to precede and follow them?
   d. Can the teacher aid pupils in learning a particular skill by breaking the skill down into hierarchical components (simple to complex, familiar to unfamiliar, concrete to abstract)?
   e. Has the teacher examined widely differing teaching strategies and discovered the situations in which they are or are not effective, as well as the kinds of materials required for successful implementation?
   f. Is the teacher knowledgeable enough about the intellectual, emotional, and social development of children and youth and about the structures of the appropriate disciplines of knowledge to put his information together into viable strategies for teaching?
   g. Does commitment to democratic social values and open-ended inquiry show itself in the classroom by:
      (1) the teacher's willingness to allow children to discuss alternatives, including topics which engender controversy?
      (2) the teacher's encouraging children to doubt, question, inquire, evaluate, and reconstruct the alternatives which they confront (scientific method)?
   h. Does the teacher recognize the importance of helping pupils make judgments, question judgments, and reconstruct judgments (change previously held positions)?
   i. Has the teacher evolved a personal style of teaching which

is consonant with his personality and with which he is comfortable?

j. Can the teacher:
   (1) verbalize a teaching role which he wishes to reflect?
   (2) explicate an internally consistent rationale for this teaching role?
   (3) reflect his adopted teaching role in his instructional behavior?
   (4) adopt or modify his role, or his rationale, as a result of thinking about his experiences in the classroom?

B. Professional competencies
   1. Gathering and reporting relevant data to parents
      a. Does the teacher clearly interpret the school program to parents and the community through written statements, parental visits to the school, and conferences with parents and pupils?
      b. Does the teacher cooperatively encourage pupils to set goals for individual and group achievement and help them to realize their progress through developing and administering appropriate rating scales, self-reports, questionnaires, and opinion measures?
   2. Continuing professional development
      a. Does the teacher seek to learn new ideas in his subject field(s)?
      b. Does he show that he learns new ideas for conducting and consuming research relevant to his practice?
      c. Is he involved in his own continuing professional development, as well as that of others, by reading journals, attending professional meetings, and participating in professional discussion?
   3. Staff participation and cooperation
      a. Does the teacher participate (or seek to participate) in decision making which affects instruction, curriculum, learning?
      b. Does he work constructively with his colleagues in everyday school activities, presenting his ideas and considering those of others?

II. Teacher Group Performance

Teaching staffs in the future will include a variety of personnel—not merely the individual practitioner described in the previous section, but supportive personnel in both professional and preprofessional supporting roles.

Some examples of teaching specialties in future teaching teams are: resource teacher, sponsoring teacher, research associate, curriculum leader, diagnostician of learning and teaching, visual literacy consultant, computer-assisted instructor, systems analyst and evaluator,

simulation teacher, professional negotiator, value-clarification specialist, and community, industry, and social agency liaison persons.

Education for the range of specialists who will be needed requires cross-role forms of training programs. Rather than preparing teachers, curriculum specialists, diagnosticians, and others in isolation and then joining them in service, it is necessary to develop preparation programs which involve these specialists in the team activities and relationships in which they will be expected to function in the school.

A. Cooperative instructional functions
   1. Are the tasks assigned to each member of the team a reflection of special ability appropriate to the instructional goal?
   2. Does the team member with the most competence in a particular area function as a resource for the rest of the team?
   3. Are the team members aware of the similarities and differences in their individual conceptions of their roles and the cumulative effect of their roles?
   4. Do they work toward mutual development of a set of complementary teacher roles?
   5. Do the team members jointly plan, observe, evaluate, and revise their work with pupils?
   6. Do team members work with urban and rural community groups in helping them to define the limits of control and responsibility for schools?
   7. Do they participate in professional activities to involve industry and agencies in teacher education projects and programs?

B. School curriculum functions
   1. Do personnel work together with the principal or in system-wide committees on problems of concern to all—creating plans, trying out these plans, evaluating them, and making appropriate changes?
   2. Are personnel aware of the factors which affect decisions and the processes by which decisions should be made?

III. Impact of Graduates of Teacher Education Institutions on School Programs

A. Status information
   1. How many graduates accept positions in education?
   2. In what kinds of schools?
   3. Performing what roles?

B. Personal-professional information
   1. What quality of relations do the graduates have with colleagues, staff, parents?
   2. What is the nature of their involvement in in-class and out-of-class activities?
   3. Do they demonstrate willingness and ability to take (and make) suggestions?

C. Areas of impact
   1. What school practices are improved, changed, or neglected by the graduates?
   2. What are the evaluations of the graduates by principal, colleague, and pupil?
   3. Are more school personnel more deeply involved in teacher education programs through the influence of graduates?

IV. Impact of Graduates on Teacher Education Programs
   A. Professional information
      1. What evidence is there that the teachers and other personnel have learned to induce principles of practice from their teaching experiences or to see the relevancy of such experiences to the theories they learned at the university?
      2. Are practitioners being helped to evaluate their teaching performance on some systematically conceived basis?
      3. What resources does the university allocate for follow-up—money, people, time, program?
   B. Structure and content of impact
      1. What vehicle exists for administrators, teachers, community representatives, and others with whom the graduates of a university work to make suggestions for improving university programs?
      2. What examples exist of ways the university is changing its programs in response to follow-up activities?

VIII. GUIDELINES TO PROFESSIONAL EXCELLENCE: DEFINITIONS

Program Components

Professional studies. All aspects of the teacher education curriculum that are derived from the specific vocation of teaching. Included are the content of the teaching specialty, the foundation disciplines, educational theory and practice, and continuing professional education.

Clinical experiences. Direct and simulated experiences which are an integral part of the program of professional studies. Laboratory experiences and all phases of the practicum are included.

Laboratory experiences. Direct and simulated experiences which illustrate and demonstrate principles of practice and involve the application and testing of teaching and learning theory. May include situation analysis, simulation packages, microteaching, and beginning experiences with children and youth. The education student may be assigned to a school as an *assisting teacher* during laboratory experiences.

Practicum. Professional practice which represents sequential phases of increasing professional involvement and responsibility.

Associate teaching. A sustained, continuous experience of responsible teaching in a school setting under supervision of school and college personnel. Focused on analytical approach to the development of teaching skills.

Intern teaching. A period of responsible professional practice under supervision, with increased experience in all aspects of the teacher's work. Continued opportunities for integration and extension of clinical study.

Pretenure teaching. Regular employment as a member of a teaching staff. Characterized by a continuing professional development program supported by school and college.

Program Settings

Community organizations and agencies. Various organized groups in the community where student teachers test their understanding of the con-

tent of teacher education and gain experience in analyzing the environment in which the school functions.

Affiliated school or school system. A school or school system associated with one or more teacher preparation institutions in providing clinical experiences in programs of professional studies.

Teacher education center. An affiliated school, a cluster of schools, or a school system which has entered into a contractual agreement with a teacher-preparing institution or institutions to participate in a program of clinical experiences with provisions for reciprocal services and benefits.

Teacher education laboratory. A facility organized to provide space and equipment for such activities as video-taping, producing and using visual and audio materials, microteaching, simulation exercises, and seminar activities.

College. An institution of higher education which supports programs for the preparation of teachers (e.g., university, college, or school of education; liberal arts college.)

Supervisory and Administrative Personnel

Participating teacher. A teacher who makes it possible for teacher education students to have laboratory experiences in his classroom or with his pupils.

Sponsoring teacher. A teacher who, as part of his regular teaching assignment, supervises students placed with him.

Coordinating teacher. A teacher assigned to supervise two or more interns or pretenure teachers.

Clinical professor. A member of a college faculty who is a teacher of practicum students and a member of a supervisory team.

Affiliated school principal, assistant principal, or department chairman. A member of a school administration or faculty who shares responsibility, as a member of a supervisory team, for the clinical experiences of students in his building or department.

Affiliated school supervisor. A member of the professional staff of an affiliated school system who serves as a member of a supervisory team.

Director or coordinator of clinical experiences. Administrative officer charged with the responsibility for a program of clinical experiences. May be employed by a school system, a college, or both.

Supervisory team. The members of college and affiliated school faculties who design and implement programs of clinical experiences.

Teaching Positions

Education student. A teacher education student who participates in a program of clinical experiences.

Assisting teacher. An education student who assists a regular teacher while studying selected aspects of teaching behavior or classroom interaction.

Associate teacher. An education student who performs the tasks of a teacher and analytically examines what he does.

Intern teacher. An education student who assumes major responsibility for a group of pupils while having the support and guidance of a coordinating teacher, a clinical professor, and other personnel from the school and college.

Pretenure teacher. A probationary teacher who works with a school staff and supporting personnel from the school and college in assessing and developing teaching strategies and styles.

APPENDIXES

A. Supportive Technology and Materials in Clinical Experience Programs
B. Guidelines for Specialization in Teacher Education

APPENDIX A

SUPPORTIVE TECHNOLOGY AND MATERIALS IN CLINICAL EXPERIENCE PROGRAMS

Clinical experiences in teacher education provide the prospective teacher with the opportunity to observe, study, and demonstrate principles of teaching and learning derived from theory and research in the psychology of teaching and learning. Modern technology has provided the teacher educator with numerous resources which should contribute to the education student's effectiveness and skill in developing certain kinds of behaviors or strategies for handling specific identified categories of teaching functions which occur consistently in classroom situations (i.e., explaining, presenting, guiding, motivating, demonstrating, order-maintaining, housekeeping, record-keeping, assignment-making, curriculum planning, program designing, testing and evaluating, and others).

The new media created by modern technology enable the teacher educator to simulate many situations in which the teacher functions and to recapture for repeated study or example many real classroom situations which illustrate types of teacher-pupil behavior and the teacher's strategies for dealing with them. Through the use of these media resources, the teacher preparation institution should provide many clinical experiences for the education student prior to actual classroom exposure and during his field experiences at the teachable moment when he needs to see a certain instructional strategy working.

MEDIA AND USES IN TEACHER EDUCATION

Television (closed or open circuit) can provide:

Observation of teachers, pupils, and teacher-pupil interaction from real, ongoing classrooms, near or far, with guided discussion and analysis by an experienced curriculum professor or clinical professor.

Video-tape recordings can provide:

Instant playback or delayed retrieval of real classrooms situations and teacher behaviors for group or individual study with a sponsoring teacher.

Microteaching feedback, self-evaluation of skill development, and guidance by a clinical professor.

Peer evaluation techniques: the education student's fellow learners view the playback and analyze the techniques and strategies used.

Simulated problem situations presented for discussion, analysis, and teacher decision making; the case study or critical incident type of problem solving, planned and directed by a clinical professor.

Demonstration teaching episodes with analyses.

Model teacher behavior in functional catgories; informal or operational research set up by a curriculum professor.

A sequential record of progress of the education student, before and after comparisons prepared by a sponsoring teacher or clinical professor.

Interaction analysis data organized by a clinical professor.

Evaluation data of the education student's performance for use by the clinical professor in conferences, or by the student alone as a self-evaluation technique.

Motion picture films (16mm, 8mm, sound, black and white, color, produced locally or commercially, kinescopes, etc.) can provide:

Case situations of teaching problems and critical incidents (simulated or real) for discussion and analysis with the curriculum professor or clinical professor.

Simulated classroom situations for action and problem solving by the education student; demonstration of strategies for handling a specific function of the teacher.

Demonstrations of methods by a sponsoring teacher for classes of the curriculum professor.

Study and analysis of a single teaching function or principle, prepared by the clinical professor (single-concept films).

Audio-tape recordings can provide:

Instant playback or delayed retrieval of *oral* aspects of a classroom situation, teacher-pupil interaction, case problems, etc., for self- or group analysis or for conferences with a sponsoring teacher or clinical professor.

Retrieval of lectures, discussions, reports by professors, consultants, principals, teachers, supervisors, etc. (A library of audio and video tapes should be built covering all aspects of learning theory and teacher behavior. The tapes should be readily available to the education student to use independently or in groups, some through a dial-access system).

Listening centers for dial-access to language labs, audio-tape library, resource center, computer information center, etc. (individual carrels in the learning resource center or dial-access outlets in classrooms and dormitories).

Tele-lecture systems (a method of communication providing amplified telephone conversations from any point to a classroom or learning center where a phone jack is installed for plugging in the control console) can provide:

Live conferences between the college classroom and a distant authority or consultant, such as a school principal, teacher, college supervisor, psychologist, etc.

Voices of lecturers, consultants, and specialists brought to the clinical laboratory at low cost compared to their actual physical presence.

Dial-access systems (a system for retrieving information stored on audio or video tape in a central library by dialing specified code numbers from telephones wired into the system) can provide:

Independent recall by an education student of prerecorded information on many aspects of teaching functions, learning theory, etc.

Retrieval of lectures and presentations of professors, consultants, and specialists, previously recorded and stored in the dial-access library.

INSTRUCTIONAL MEDIA CENTERS

An instructional media center should be a resource and materials area of adequate size and appropriate storage facilities to house and display representative samples of the usual print, projected, audio, visual, three-dimensional, and demonstration media, plus viewing devices such as teaching-machine programs and programmed texts. It should include a TV reception area and individual learning spaces for independent self-instructional activities. Also available should be group learning spaces, seminar rooms, and a model classroom with a full complement of display, demonstration, and projection facilities with the capability of sending and receiving closed-circuit television, tele-lectures, and computerized programming. This room can serve as a base for microteaching and student and staff demonstrations. It should be attached to or close by an instructional materials center which includes a sample library of children's books and curriculum guides.

USE OF MEDIA BY EDUCATION STUDENTS

During his clinical experiences, the education student must be provided with opportunities for active involvement in the selection, organization, preparation, and evaluation of materials of instruction—the software components of an educational technology system. By active involvement is meant engaging in workshop situations under curricular guidance as well as technical assistance. The student constructs the software himself—seeing how the pieces fall into place, gaining insight about the potential of a medium and about the product being the process.

The teacher-preparing institution should provide the education student with experiences in:

Selecting appropriate objectives for teaching episodes and stating them in measurable behavioral terms.

Writing programmed instructional sequences.

Preparing teaching tapes.

Preparing overhead transparency materials.

Developing flow-charts of teaching sequences incorporating appropriate media.

Observing and evaluating teaching behavior and its effects, from video and audio tapes.

Writing closed-circuit TV scripts as well as being on camera.

Operating and editing VTR equipment and analyzing recorded situations.

Operating standard film, filmstrip, and slide projectors.

Combining sound with silent projections.

Writing, evaluating, and field-testing auto-instructional materials in various presentation modes, including computer-assisted instruction.

Developing 8mm single-concept films.

Working with children in the use of AV equipment, including the Polaroid camera.

Duplicating materials using all the modern processes.

CRITERIA FOR THE UTILIZATION OF SUPPORTIVE TECHNOLOGY

Does the media used incorporate sound principles of learning and teaching?

Are the education students oriented toward the use of the new technology for clinical experiences? Are they helped to feel secure in their involvement with it?

Are the experiences provided designed to bring about specific changes in prospective teachers' behaviors, i.e., effective teaching skills and pedagogically sound attitudes?

Does the equipment adhere to high technical standards? Is it maintained adequately?

Are there good relationships and communication between the instructional media personnel and the professional education staff?

Are media programmed with clear goals in mind which recognize the need to help the individual transform his individual teaching potentials into competencies?

Are the programs sequenced to provide developmental and comprehensive experiences for the education student?

Are the programs designed so that the student may progress through them at a pace commensurate with his ability?

Do the simulated experiences provide a bridge to actual teaching performances, with an economy of time and increased effectiveness?

Do the simulated experiences help to develop teachers who are learning stratgists and skilled communicators?

Are observational resources (video tape, audio tape, film) selected to demonstrate specific aspects of the teaching-learning situation?

Does the use of technological tools in clinical experiences help the student to develop a repertoire of skills and a background of experiences?

Is their use combined into an instructional subsystem which increases the effectiveness of learning?

Are the media used in a complementary way rather than a competitive one?

Is there provision for continuous evaluation and modification of the program to keep it psychologically sound?

Is the program flexible and open so that new technological devices and methods can be added when available (teaching machines programmed for teacher-learning, computer-based simulation, etc.)?

Are there planned, supportive means of helping those education students who find these media threatening?

APPENDIX B

GUIDELINES FOR SPECIALIZATION IN TEACHER EDUCATION

Teaching has become a profession for specialists, whether the specialization is by student ability or handicap, grade level, teaching tasks, counseling, or subject matter competency. The modern teacher knows he can neither understand nor do all things with a high degree of competency. Therefore, he specializes in a few areas and respects individuals who excel in areas in which he does not excel. This respect for individual competencies makes each person independent in a few areas and interdependent in many others.

In small secondary schools where separate departments would be impractical for each interest area requested by students and parents, specialized teachers may serve an entire district, or several schools within the district, to provide interested students with special skills and knowledge. Specialists for handicapped students or for vocal music, dance, speech and drama, art, modern languages, journalism, computer science, or comparative religion could be hired to broaden course offerings in several schools within a district. In secondary schools, every teacher is expected to be a competent specialist in his academic area of teaching. In many elementary schools today, teachers are being asked to be a specialist-consultant in one curriculum area as well as a generalist on a team of teachers responsible for a coordinated program for a specified group of students.

The preparation of teachers in a specialization is fairly common in large universities having many departments and diverse course offerings which permit students to major in specialized areas. Small colleges frequently cannot offer such specialization and must depend upon the few courses they can offer to constitute minors in the specialized areas. Thus, teacher candidates at small institutions must choose majors other than those in which they would specialize if the appropriate courses were available.

In this era and in a society that encourages specialization among its citizens, teacher-preparing institutions must continue to seek ways to prepare qualified specialized teachers for positions in elementary, middle, and secondary schools.

SOME QUESTIONS FOR ASSESSING PROVISIONS FOR SPECIALIZATION

What provisions are made for the preparation of teachers in specialized areas:

In large universities where individual academic departments can assume partial responsibility for teacher preparation by providing specific courses, curriculum professors, clinical professors, undergraduate and graduate programs to supplement the regular teacher preparation program?

In small colleges where independent study, intercollegiate exchange programs, alternate-year offerings, and cognate or related courses within existing departments could provide a sufficient number of courses to meet the state requirement for certification in a specialized area?

When specialized majors are available to students, what evidence is available that special methods or pedagogy courses in these areas are taught by professors who:

Meet the standards advocated by their specialized professional association or learned society for teaching their subject in elementary, junior, or senior high school?

Meet the standards of their specialized professional association for teaching pedagogical courses in this area?

Do the requirements for a major in a specialized area compare favorably with other aspects of the teacher preparation programs in number of hours required, distribution of liberal arts and education courses required, and level of courses required?

Does each specialized teaching-major program in a university meet the recommendations for facilities, personnel, equipment, and courses available made by the specialized professional association or learned society (e.g., Speech Association of America) representing teachers in the special area?

What evidence is available that associate, intern, and pretenure teachers with specialized majors are placed with sponsoring teachers or coordinating teachers who have had academic training equal or superior to the students' training?

What evidence is available that associate, intern, and pretenure teachers with specializations are given curricular and cocurricular or extracurricular assignments that are typical of the assignments they may expect during their early years of teaching?

Are departmental records available regarding the course work and clinical experiences in special areas designed to serve as bases for innovation, improvement, and research within the specialized areas?

What evidence exists that teachers with specialized preparation who accept positions are teaching in their areas of specialization?

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